

**UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS**  
**Motion to Waive Filing Fee**

\_\_\_\_\_, Appellant,

v.

Secretary of Veterans Affairs, Appellee.

**I move for permission to appeal without paying the filing fee in this case and submit the following affidavit:**

I am the appellant. I am unable to pay the costs because of the hardship it will cause, and I believe I am entitled to redress.

1. Are you now employed?

a. If the answer is "yes", state the amount of your monthly salary or wages and the name and address of your employer.

b. If the answer is "no", state the date of your last employment and the amount of your monthly salary or wages.

2. Within the past 12 months, have you received any income from a business, profession, other form of self-employment, rent payments, interest, dividends, retirement, annuity payments, alimony, welfare, social security, veterans benefits, disability compensation, workers' compensation, or any other source? \_\_\_\_ If the answer is "yes", describe each source of income, and state the amount received from each during the past 12 months.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(see other side)*

3. Do you have any cash or checking or savings accounts? \_\_\_\_ If the answer is "yes", state the total amount of cash and the average monthly balance in any account.
4. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? \_\_\_\_ If the answer is "yes", describe the property and state its approximate value.
5. List the persons whom you actually support and state your relationship to those persons.
6. Have you ever filed a motion in another case in this Court to appeal without payment of costs? \_\_\_\_ If the answer is "yes", state the name and docket number of that case.
7. State any other circumstances that you want the Court to consider about your ability to pay costs:

**I state under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Appellant

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

#### **INSTRUCTIONS**

***If you believe you are qualified to appeal without paying the filing fee, answer all of the questions on this form and send it (original only) to the Clerk with your Notice of Appeal. If you filed your Notice of Appeal by facsimile transmission, send this form to reach the Clerk within 14 days after you sent the facsimile Notice of Appeal.***